2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000007793

1. Entity Name
THE ALDEN HOTEL CONDOMINIUM OWNERS ASSOCIATION, INC.

FILED
09 JAN -6 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/16/08 $61.25
Reinstatement 08

REINSTATEMENT 08-09

Principal Place of Business	Mailing Address
2925 INDIAN CREEK DR MIAMI BEACH, FL 33140	7700 NORTH KENDALL DRIVE SUITE PH-2 MIAMI, FL 33156 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address: 1430 nw 15 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Miami, FL
Zip / Country	Zip: 33125 / Country: USA

4. FEI Number: 90-0263810 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CADICORP MANAGEMENT GROUP
7700 NORTH KENDALL DRIVE
SUITE PH-2
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name: Skrld, Inc.
Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle, # 1102
City: Coral gables FL Zip Code: 33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: SKRLD, Inc by [signature], Secretary — 12/30/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $61.25 **After January 1, 2009, Fee will be $122.50**	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME CABADA-PENICHET, BRIDGET STREET ADDRESS 2925 INDIAN CREEK DR CITY-ST-ZIP MIAMI BEACH, FL 33140	☐ Delete	TITLE P Cabada-Penichet, Bridget 1430 nw 15 Ave Miami, FL 33125	☑ Change ☐ Addition
TITLE SD NAME CASCO, ANNA STREET ADDRESS 2925 INDIAN CREEK DR CITY-ST-ZIP MIAMI BEACH, FL 33140	☐ Delete	TITLE S Ana Casco 1430 nw 15 Ave Miami, FL 33125	☑ Change ☐ Addition
TITLE TD NAME GRIMALDO, ANNA STREET ADDRESS 2925 INDIAN CREEK DR CITY-ST-ZIP MIAMI BEACH, FL 33140	☐ Delete	TITLE T Grimaldo, Anna 1430 nw 15 Ave miami, FL 33125	☑ Change ☐ Addition
TITLE D NAME GARCIA, ALFREDO STREET ADDRESS 2925 INDIAN CREEK DR CITY-ST-ZIP MIAMI BEACH, FL 33140	☑ Delete	300139774233 01/06/09--01030--025 **175.00	☐ Change ☐ Addition
TITLE D NAME KLONARIS, DESPINA STREET ADDRESS 2925 INDIAN CREEK DR CITY-ST-ZIP MIAMI BEACH, FL 33140	☑ Delete	02/07/08 90014 006 $61.25	☐ Change ☐ Addition
TITLE D NAME RODRIGUEZ, ILEA STREET ADDRESS 2925 INDIAN CREEK DR CITY-ST-ZIP MIAMI BEACH, FL 33140	☑ Delete	$7/1/14	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] — 12/19/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #